FOR DEPARTMENT USE ONLY

Registration No

N.O.B. Priority H.J.

Region Fee Status

RADIATION MACHINES REGISTRATION
Report of Change
Machine Inventory

Registration Requirement

Every person possessing a reportable source of radiation must register with the State Department of Health Services Within 30 days of acquiring each such source. This form may be copied when there are more than five machines to be registered. Please number the pages when multiple pages are required.

Reportable Sources-Radiation Machines

Radiation machines which require registration include RADIOGRAPHIC AND FLUOROSCOPIC-X-RAY UNITS, X-RAY THERAPY UNITS, ACCELERATORS, TRANSMISSION ELECTRON MICROSCOPES, X-RAY DIFFRACTION UNITS, AND SIMILAR RADIATION-PRODUCING MACHINES. Devices which depend on radioactive materials as the sole source of radiation are not considered radiation producing machines.

A. INSTRUCTIONS

1. Please read all instructions on both sides of this form carefully.
2. Ensure all required sections on both the front and back of this form are filled out completely.
3. Type or print clearly in ink.
4. Please check all boxes that apply below and complete the indicated sections.

☐ NEW REGISTRATION - YOU MUST COMPLETE SECTIONS B, D, and E

1. Print or type the name exactly as you wish it to registered.
2. Show the location of the Facility.
3. Write the phone number of your facility.
4. Show the nature of business or professional specialty of the registrant at this location.
   Examples include radiologist, dentist, chiropractor, veterinarian, internist, private hospital, cardiologist, microchip manufacturer.

☐ CHANGE OF ADDRESS AND/OR NAME - YOU MUST COMPLETE SECTIONS B, C, and D

1. Always complete Section B Completely.
2. Completer only those items in Section C that have changed.
3. Ensure you have entered your registration number in Section C.

☐ CHANGE IN NUMBER AND/OR TYPE OF TUBES - YOU MUST COMPLETE SECTIONS B, D and E

☐ TRANSFER OF XRAY MACHINES BETWEEN FACILITIES: DO NOT USE THIS FORM. USE FORM RH3049
YOU MAY OBTAIN THIS FORM BY CALLING THE NUMBER BELOW.

B. IDENTIFICATION

1. Facility Name FACILITY REGISTRATION NUMBER:

2. Location of Installation (Number and Street) | City | Zip Code

3. Telephone Number (including Area Code) | 4. Nature of Business of Professional Specialty | County

5. Mailing Address - If Different from Above (Number/Street) | City | Zip Code | State (if not CA)

C. NEW STATUS Complete only those items which have changed

6. New name by Which Your Facility is to be Registered. TOTAL TUBES POSSESSED

7. Location of Installation (Number and Street) | City | Zip Code

8. Telephone Number (including Area Code) | 4. Nature of Business of Professional Specialty | County

5. Mailing Address - If Different from Above (Number/Street) | City | Zip Code | State (if not CA)

MAIL THE ORIGINAL TO:
State of California
Department of Health Services
Radiological Health Branch
P.O. Box 942732
Sacramento, CA 94234-7320

D.

Name of person completing this form | TITLE

Telephone Number (including Area Code) | Date

TAXPAYER ID NUMBER:

Informational Contact: (916) 445 - 0931

COMMENTS:

State of California - Health and Welfare Agency

Department of Health Services
Radiologic Health Branch

INVENTORY OF RADIATION MACHINES

Schedule A - - Inventory

INSTRUCTIONS REGISTRATION MACHINE IDENTIFICATION - For each control panel, enter the following information: (if more than five machines, you may copy the form as required).

Manufacturer: Enter the maker of the machine.
Model: Enter the model of the machine. If not known enter: UNKNOWN
SERIAL NO.: Enter the control panel serial number. If not known enter: UNKNOWN
No tubes: Enter number of tubes connected to this control panel.
Use Code: You must enter the two digit code to identify the use/type of machine:
For example, if you have a healing radiographic/fluoroscopic unit, enter use code 33.

Healing Arts						Non healing Arts		
Use Code	Type	Machine description	Use Code	Type	Machine description	Use Code	Type	Machine description
01	XRA	Radiographic	09	XDN	Dental	14	XEM	Electron Microscope
02	XCT	CT Scanner	10	XVR	Veterinary Radiographic	15	XDF	X-Ray Diffraction
03	XMA	Mammographic	11	XVF	Veterinary Fluoroscopic	16	XRS	Radiographic (Cabinet/shielded room)
04	XCH	Chest Miniflim (Photofluorographic)	12	XVT	Veterinary Therapy			
			13	XHO	Other (healing)	17	XRP	Radiographic (Field Radiography)
05	XHF	Fluoroscopic	31	XMB	Specimen Biopsy only Mammography (non-human use)	18	XNF	Fluoroscopic
06	XTS	Therapy under 150 kVp				19	XAS	Accelerator under 10 MeV
07	XTM	Therapy 150 kVp to 500 kVp	32	XBD	X-ray Bone Densitometry	20	XAL	Accelerator 10 MV or over
			33	XRF	Healing Radiographic Fluoroscopic combination	21	XNO	Other (non healing)
08	XTL	Therapy over 500 kVp						
			34	XSM	Therapy Simulator			

E. Registration Machine Identification (INDICATE ADDITION OR DELETION)

(Office use Only)

Manufacturer
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Model |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Serial No: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
No. Tubes |___|___|___| Use Code |___|___| ☐ Added ☐ Deleted
Location Within Facility |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Manufacturer
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Model |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Serial No: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
No. Tubes |___|___|___| Use Code |___|___| ☐ Added ☐ Deleted
Location Within Facility |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Manufacturer
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Model |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Serial No: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
No. Tubes |___|___|___| Use Code |___|___| ☐ Added ☐ Deleted
Location Within Facility |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Manufacturer
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Model |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Serial No: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
No. Tubes |___|___|___| Use Code |___|___| ☐ Added ☐ Deleted
Location Within Facility |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Manufacturer
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Model |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Serial No: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
No. Tubes |___|___|___| Use Code |___|___| ☐ Added ☐ Deleted
Location Within Facility |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Please type or print clearly and use capital letters only

of California - Health and Welfare Agency

Department of Health Services Radiologic Health Branch
601 North 7th Street, MS 178
PO Box 942732
Sacramento, CA 94234-7320

RADIATION MACHINE TRANSFER NOTICE

The information you are asked to provide on this form is requested by the State Department of Health Service/Radiologic Health Branch. This notice is required by Section 7198.17 of the Information Practices Act of 1977 (code of Civil Procedure, Section 1798-1798.76) and the Federal Privacy Act to be provided whenever an agency requests personal or confidential information from any individual. It is mandatory that you furnish the information requested on this form. Failure to furnish the requested information may result in an inaccurate determination of statements and/or disapproval of your application.

1A. Facility name		1B. Telephone (including area code)	
1C. Address	1D. City	1E. State	1F. Zip Code
1G. Signature of the seller or seller's agent.		1H. Facility Registration Number	
2A. Name of Purchaser of X-Ray Machine		2B. Telephone (including area code)	
2C. Location of X-Ray Installation (address)	2D. City	2E. State	2F. Zip Code
3A. Facility Registration Number	3B. Federal Tax ID Number		Date of Installation

5. X-RAY MACHINE DESCRIPTION

5A. Manufacturer (control panel)	Model and Serial Number (control panel)

5C.

☐ New ☐ Additional ☐ Replacement

5D. ☐ No. Tubes |_|_|_| ☐ Use Code |_|_|

For example, if you have a healing radiographic/fluoroscopic unit, enter use code 33.

HEALING ARTS						NON HEALING ARTS		
Use Code	Type	Machine description	Use Code	Type	Machine description	Use Code	Type	Machine description
01	XRA	Radiographic	09	XDN	Dental	14	XEM	Electron Microscope
02	XCT	CT Scanner	10	XVR	Veterinary Radiographic	15	XDF	X-ray Diffraction
03	XMA	Mammographic	11	XVF	Veterinary Fluoroscopic	16	XRS	Radiographic
04	XCH	Chest Minifilm	12	XVT	Veterinary Therapy			(Cabinet/shielded room)
		(Photofluorographic)	13	XHO	Other (healing)	17	XRP	Radiographic (Field radiography)
05	XHF	Fluoroscopic	31	XMB	Specimen Biopsy only	18	XNF	Fluoroscopic
06	XTS	Therapy under 150 kVp			Mammography (nonhuman use)	19	XAS	Accelerator under 10 MV
07	XTM	Therapy 150 kVp to 500 kVp	32	XBD	X-ray Bone Densitometry	20	XAL	Accelerator 10 MV or over
08	XTL	Therapy over 500 kVp	33	XRF	Healing Radiographic/ Fluoroscopic combination	21	XNO	Other (non healing)